



Cobb County...Expect the Best!

QuickStart Tennis

Elementary School League

Ages 8 and Under

This league uses the USTA QuickStart format. The practices and matches are played on a 36-foot court using foam balls. This helps the children learn the game faster!

Each week, the teams have a 30-minute warm-up and practice followed by 30 minutes of team competition versus another school. They use a modified scoring system developed for QuickStart. It is 1 game which is played to 7 points.

The purpose of this league is for the children to have fun and learn the game of tennis in a team environment. The modification of the scoring, courts and equipment allows the children to play with no experience necessary.

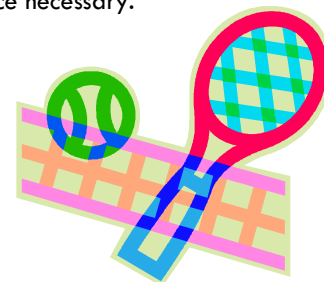
DAY & TIME:

Tuesdays, 4:00-5:00pm for beginners (never played to very little experience)

Wednesdays, 4:30-5:30pm for advanced beginners (have taken classes or a tennis camp)

Session 1: February 23 – March 30 (beginners), February 24 – March 31 (advanced beginners)

Session 2: April 13-May 18 (beginners), April 14 – May 19 (advanced beginners)



COST PER SESSION: \$61.00

(\$10.00 payable to Cobb County Parks, Recreation & Cultural Affairs Dept. for court & administrative fees.)

(\$51.00 payable to William Fawcett for \$25 league fee & \$26 for lessons and T-shirt.)

Team captains receive \$15 off coaching fee for volunteering.

All players must be USTA members. Call 1-800-990-8782. The annual membership fee is \$18.00.

PLACE: Kennworth Tennis Center located in Kennworth Park at 3900 South Main St., Acworth, 30101. Phone #: (770) 917-5160

Come and represent your school! Space is limited!

QUICKSTART TENNIS REGISTRATION FORM - 2010

Please date & sign reverse side

Name: _____ M ☐ F ☐ Age: _____ Birth date: _____
Street: _____ City: _____ State: _____ Zip: _____
Phone # _____ USTA # _____ Exp. Date _____
School _____ School Grade _____ Check for session registration: Session 1 ☐ or Session 2 ☐
Playing experience / ability level _____ T-shirt size: YOUTH ☐ ADULT ☐ _____
Are you state ranked? _____ Have you played USTA? _____ # of seasons _____ Last USTA level _____
Location _____ Individual USTA rating _____
Have you played ALTA? _____ # of seasons _____ Last ALTA level _____
Are you willing to move up in age group if necessary? _____
Is there a conflicting day for practice? _____ (We will try to accommodate, but no promises)

**ENTRY FORM MUST BE
ENTIRELY COMPLETED**

REQUIRED: Parent's Name: _____ Cell phone #: _____
Phone (B) _____ E-Mail address: _____
Are you willing to be a team manager? _____ Will you help in other ways? Car pooling ☐ Phoning ☐ Other _____

OFFICE USE ONLY: Amt paid: _____ Cash ☐ Check ☐ CC ☐ Receipt # _____ Date paid _____ Initials _____

The schools we expect to be represented are:
Baker, Kennesaw, Acworth, Pitner, Chalker, Ford, Frey, Bullard, McCall and Hayes.

If your school is not listed here, but you would like it to be, we can add your school to the league.

In order that the department assures compliance with ADA (Americans with Disabilities Act), please make the staff who work with the program/facilities aware of any specific physical or service accessibility need, so that we can reasonably accommodate your request.

RELEASE AND HOLD HARMLESS AGREEMENT - PERMISSION TO PROVIDE EMERGENCY MEDICAL TREATMENT

Realizing the nature of this program, its physical demands and how important it is to follow rules, regulations, and instructions outlined by the staff of the Cobb County Parks, Recreation and Cultural Affairs Department, I am, to the best of my knowledge, in good health and able to participate in the program.

I authorize the staff of the Cobb County Parks, Recreation and Cultural Affairs Department to organize any required medical or first aid procedure, or to take the undersigned to a hospital emergency room for treatment. If any major treatment is required, I understand that every effort will be made to notify the individual indicated as emergency contact beforehand by telephone.

The undersigned hereby forever releases, discharges, and covenants to hold harmless the Cobb County Parks, Recreation and Cultural Affairs Department, the Cobb County Recreation Board, the Cobb Arts Board, the Cobb County Board of Commissioners and Cobb County, Georgia and any other person, firm, corporation charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors and assignees from any and all claims, demands, damages, costs, expenses, loss of services, actions and causes of action belonging to the undersigned or arising out of any act or occurrence in connection with and particularly on account of all personal injury disability, property damage, loss or damages of any kind sustained or that may hereafter be sustained arising out of the matters described herein or in consequence of the participation in the recreation program sponsored by the Cobb County Parks, Recreation and Cultural Affairs Department. The undersigned hereby bind their heirs, administrators, executors and successors. Further, this agreement shall apply to all unknown and unanticipated injuries and damages directly or indirectly resulting here-from. This Release and Hold Harmless Agreement shall constitute a full and complete release of any and all claims.

DATE:_____ BY:_____ (Signature of Participant)

DATE:_____ BY:_____ (Signature of Parent/Guardian)

NOTE: Signature of participant and parent/guardian are both required if participant is under age 19, or is registered for a program for the mentally or physically challenged, or other special population member.